CHARLOTTE, NC

# UNITED STATES DISTRICT COURT

for the

JUN 16 2021

Western District of North Carolina
\_\_\_\_\_ Division

US Di	strict Court
Western	District of NC

	DIVISION	District of M
Tommy Edward Martin	\	be filled in by the Clerk's Office)
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)  Secretary, Healthand Human Services Adminsation	) Jury Trial: (chec ) ) ) ) )	k one) Yes No
Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	) ) )	

# COMPLAINT FOR A CIVIL CASE

# I. The Parties to This Complaint

# A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	U.S Court of Federal Claims
Street Address	717 MAdiSON PLACE NW
City and County	717 MAdison Place NW WAShington, DC 20439
State and Zip Code	
Telephone Number	
E-mail Address	

# B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

	Name				
	Job or Title (if known)				
	Street Address				
	City and County				
	State and Zip Code				
	Telephone Number				
	E-mail Address (if known)				
fen	ndant No. 3				
	Name				
	Job or Title (if known)			 	
	Street Address	No.			
	City and County	PROPOSITION AND ASSESSMENT ASSESS		 	
	State and Zip Code				
	Telephone Number				
	E-mail Address (if known)				
en	ndant No. 4				
	Name				
	Job or Title (if known)			 	
	Street Address				
	City and County				
	State and Zip Code				
	Telephone Number	ACCORDING TO THE PARTY OF THE P			
	E-mail Address (if known)				
	_				

# II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

Wha	t is the b	oasis for	federal court jurisdiction? (check all that apply)	
	Fed	deral qu	estion Diversity of citizenship	
Fill o	out the p	aragrap	hs in this section that apply to this case.	
A.	If th	e Basis	for Jurisdiction Is a Federal Question	
	List tare a	the spec t issue i	rific federal statutes, federal treaties, and/or provisions of the Un this case.	nited States Constitution that
В.	If the	e Basis	for Jurisdiction Is Diversity of Citizenship	
	1.	The	Plaintiff(s)	
		a.	If the plaintiff is an individual	
			The plaintiff, (name)	, is a citizen of the
			State of (name)	_ ·
		b.	If the plaintiff is a corporation	
			The plaintiff, (name)	, is incorporated
			under the laws of the State of (name)	
			and has its principal place of business in the State of (name)	
		(If me same	ore than one plaintiff is named in the complaint, attach an add information for each additional plaintiff.)	itional page providing the
	2.	The I	Defendant(s)	
		a.	If the defendant is an individual	
			The defendant, (name)	, is a citizen of
			the State of (name)	. Or is a citizen of
			(foreign nation)	

	b.	If the defendant is a corporation	
		The defendant, (name)	, is incorporated under
		the laws of the State of (name)	, and has its
		principal place of business in the State of (name)	White the second
		Or is incorporated under the laws of (foreign nation)	
		and has its principal place of business in (name)	
3	san . The	more than one defendant is named in the complaint, attac me information for each additional defendant.)  e Amount in Controversy	
	stal	e amount in controversy—the amount the plaintiff claims the ke—is more than \$75,000, not counting interest and costs o	the defendant owes or the amount at of court, because (explain):
	•		

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. Hep A ON 628-18 Mecklewburg County Health Dept. Vaccination left shoulder Never Mad Ally Chronic pain before it was a week. Call the Droffice I could 4 come in I said what I amin pain. Doffice said it a short time it another week and some days now Time 1/14 2018 Patel Manuallo work with Meleft arm has been soreand discoved. Got antibiotics infection where this comming from Now Rotator Cuff Repainplease why this Now mine arm Never going to be the same. Physical Theorpy help

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Phila Medicane applied Attorney Phila Support Family a Health Community Carrey Phila Support Family attended to actual or punitive money damages. Philad Medicane applied Attorney Philad Support Family attended to actual or punitive money damages. Philad Medicane applied Attorney Philad Support Family attended to actual or punitive money damages. Philad Medicane applied to actual or punitive money damages. Philad Medicane applied to actual or punitive money damages. Philad Medicane applied and the basis for these amounts. Include any punitive or exemplants are entitled to actual or punitive money damages. Philad Medicane applied and the basis for these amounts. Include any punitive or exemplate any punitive money damages. Philad Medicane any punitive or exemplate any punitive or exemplate any punitive money damages. Philad Attorney punitive money damages. Philad Medicane any punitive money damages.

#### V. Certification and Closing

В.

E-mail Address

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A.

For Parties Without an Attorney I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case. Date of signing: Long Warts Signature of Plaintiff Tommy E Martin For Attorneys Date of signing: Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Street Address State and Zip Code Telephone Number

# Samster Konkel Safran Personal Injury Attorneys

Samster Konkel & Safran

11063 W. Bluemound Road, Suite 205 Wauwatosa, Wisconsin 53226

> Local: 414.224.0400 Fax: 414.622.1225

May 20, 2021

Tommy Martin 5071 Clearwater Lake Road Mount Holly, North Carolina 28120

Re:

Date of Injury:

June 28, 2018

Our File No.:

3704

Dear Mr. Martin:

Per our conversation today, we unfortunately will not be able to pursue your claims. Please be aware that you have three years from the date of the vaccine to file a claim. Your vaccine was on June 28, 2018, so you must file a petition by June 28, 2021. If you do not, any claims under the program will be barred by the Statute of Limitations. I would encourage you to contact another attorney if you wanted to get a second opinion. Enclosed in this letter is a list of attorneys in North Carolina that are licensed to practice before the United States Court of Federal Claims. Also enclosed in this letter is a disc containing your medical records.

Yours truly,

SAMSTER, KONKEL & SAFRAN, S.C.

Ryan J. Truesdale

Ryan J. Truesdale rjt@grothlawfirm.com

**Enclosures** 

William J. Fleischaker Fleischaker & Williams 418 S. Wall Avenue P.O. Box 996 Joplin, MO 64802 417-623-2865

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Matthew B. Vianello Jacobson Press P.C. 222 South Central Avenue Suite 550 Clayton, MO 63105 314-899-9789

### MS: MISSISSIPPI

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# NC: NORTH CAROLINA

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# **NE: NEBRASKA**

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### **NH: NEW HAMPSHIRE**

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Christine M. Smith Law Office of Christine M. Smith, R.N., MSN 37 Salmon Street Manchester, NH 03104 (603) 647-7200

# **NJ: NEW JERSEY**

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